EQUIPMENT INVENTORY

Items of Equipment with a Current Fair Market Value of \$5,000 or More and Purchased with Federal Grant Funds

Official Signature:			Grant Number:			
Printed Name:			Date of submission:			
Title:			Is this program continuing beyond the expiration date of this CNS grant?YesNo			
Telephone Number:			If the above answer is YES, does the grantee request to continue use of all or part of the equipment?Yes (identify all such equipment below by marking it with a double **)No orNo or Does the grantee request the use of the equipment on other federally supported activities?YesNo			
Title Holder/ Funding Source (e.g. Grantee/ CNS)	Item Description	Equipment Serial No.	Location/Site and Condition*	Acquisition Date/Cost	Estimated Current Fair Market Value	Disposition/Date
	l ve v		D.D.:			
* E-Excellent VG-Very Good		G-Good	F-Fair	P-Poor		

If the grantee does not request continued use of items of equipment, the Corporation will issue disposition instructions upon receipt of the inventory.